

J1011 U.S. PRO
J109/990039
11/20/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Mika Grundström

Group Art Unit: TBD

Serial No.: TBD

Examiner: TBD

Filed: November 20, 2001

For: MULTICAST ADDRESS TO PACKET IDENTIFIER MAPPING

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
2900 Crystal Dr.
Arlington, VA 22202-3513

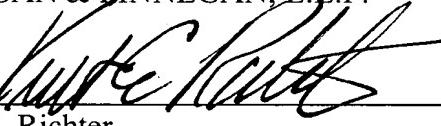
Sir:

This Information Disclosure Statement is filed in accordance with 37 C.F.R. §§1.56, 1.97 and 1.98. The items listed on Form PTO-1449, a copy of which is enclosed, are made of record to assist the Patent and Trademark Office in its examination of this application. The Examiner is respectfully requested to fully consider the items and to independently ascertain their teaching.

4. No fee is due under 37 C.F.R. §1.17(p) for this Information Disclosure Statement since it is being filed in compliance with:
- 37 C.F.R. §1.97(b)(1), within three months of the filing date of a national application other than a CPA; or
 - 37 C.F.R. §1.97(b)(2), within three months of the date of entry into the national stage as set forth in §1.491 in an international application; or
 - 37 C.F.R. §1.97(b)(3), before the mailing date of a first Office action on the merits; or
 - 37 C.F.R. §1.97(b)(4), before the mailing date of a first office action after the filing of an RCE under §1.114.
- The Commissioner is hereby authorized to charge any additional fees which may be required for this Information Disclosure Statement, or credit any overpayment to Deposit Account No. 13-4500., Order No. 4208-4028. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

Respectfully submitted,
MORGAN & FINNEGAN, L.L.P.

Dated: November 20, 2001

By: 
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FORM PTO-1449

INFORMATION DISCLOSURE CITATION

Attorney Docket:
4208-4028

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Applicant:
Mika Grundström

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U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Initial		Patent Number	Publication Date	Country	Class	Sub-Class	Translation
		WO 97/20413	5 June 1997	PCT			<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER DOCUMENTS (Including Author, Title, Date, etc.)

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Examiner _____ **Date Considered** _____
EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP §609.
Draw line through citation if not in conformance and not considered.
Include copy of this form with next communication to Applicant